

AUG 22 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Schuyler
Township Prasie
City Queen City (No.)

Registration District No. 806
Primary Registration District No. 4485

File No. 28393
Registered No.

2. FULL NAME

Harriet Abigail (Smoat) Coffey

(a) Residence, No. St. Ward

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. O. Coffey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 2 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland County, Mo.

MOTHER FATHER 13. NAME Ed Smoot

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Brewer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland Co. Mo.

17. INFORMANT (ADDRESS) Jos Coffey Queen City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Queen City Mo. DATE 8/4 36

19. UNDERTAKER (ADDRESS) Wm H. West
Succinctly Mo.

20. FILED 8/3 1935 J. P. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 1 1935

22. I HEREBY CERTIFY, That I attended deceased from May - 1930, to Aug 1, 1935
I last saw her alive on Aug 1, 1935 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

Cancer of breast Date of onset Spring 1930

Other contributory causes of importance: none

Name of operation removal of breast Date of May 1930
What test confirmed diagnosis? microscopic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify asbestos exposure Kentucky Mo
(Signed) Jos Coffey, M. D.
(Address) Queen City Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

